| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF TENNESSEE | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | MICHAEL First name AUSTIN Middle name MACE Last name and Suffix (Sr., Jr., II, III) | ASHLEY First name SUE Middle name MACE Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | FKA ASHLEY SUE YOUNG |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9789 | xxx-xx-9203 |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 228 BLUEBIRD LANE | If Debtor 2 lives at a different address: |
| | | Livingston, TN 38570 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Overton County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| | | MICHAEL AUSTIN ASHLEY SUE MAC | _ | | | _ | Case number (if I | known) | |
|-----|----------------------------------|---|-----------|--------------------------------------|---|---|--|--|-------------------------------------|
| Par | t 2: Te | II the Court About \ | Your Bank | ruptcy Ca | ase | | | | |
| 7. | Bankru | apter of the ptcy Code you are | | | brief description of each, see , go to the top of page 1 and o | | | b) for Individuals Filing for | Bankruptcy |
| | choosi | ng to file under | ■ Chap | ter 7 | | | | | |
| | | | ☐ Chapt | ter 11 | | | | | |
| | | | ☐ Chapt | ter 12 | | | | | |
| | | | ☐ Chapt | ter 13 | | | | | |
| 8. | How yo | ou will pay the fee | abo | out how yo | e entire fee when I file my pour may pay. Typically, if you a rattorney is submitting your pladdress. | are paying the fee | yourself, you may p | oay with cash, cashier's ch | eck, or money |
| | | | | | y the fee in installments. If yee in Installments (Official For | | ption, sign and attac | th the Application for Indivi | duals to Pay |
| | | | ☐ I re | equest that is not requires to yo | at my fee be waived (You maguired to, waive your fee, and ur family size and you are un on to Have the Chapter 7 Filing | ay request this op may do so only if able to pay the fe | your income is less e in installments). If | than 150% of the official p you choose this option, you | overty line that u must fill out |
| 9. | | Have you filed for open No. bankruptcy within the last 8 years? | | | | | | | |
| ban | | | ☐ Yes. | | | | | | |
| | · | | | District | | When | Ca | ase number | |
| | | | | District | | When | Ca | ase number | |
| | | | | District | | When | Ca | ase number | |
| 10. | | / bankruptcy bending or being | ■ No | | | | | | |
| | filed by not filir you, or | a spouse who is ng this case with by a business or, or by an | ☐ Yes. | | | | | | |
| | | | | Debtor | | | Rela | ationship to you | |
| | | | | District | | When | Cas | se number, if known | |
| | | | | Debtor | | | Rela | ationship to you | |
| | | | | District | | When | Cas | se number, if known | |
| 11. | Do you resider | rent your | ■ No. | Go to | line 12. | | | | |
| | residel | 106 : | ☐ Yes. | Has yo | our landlord obtained an evict | ion judgment aga | inst you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statemen</i> this bankruptcy petition. | nt About an Evictio | on Judgment Agains | t You (Form 101A) and file | it as part of |

| | otor 1 MICHAEL AUSTIN otor 2 ASHLEY SUE MAG | | | Case number (if known) |
|-----|---|------------------------|---|--|
| Par | t 3: Report About Any Bu | sinesses | You Own as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | Sub-moco i | ☐ Yes. | Name and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | |
| | it to this petition. | | | ox to describe your business: |
| | | | | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | – | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | _ , | efined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | ■ None of the above | 9 |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline: operation | s. If you indicate that you are | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of iederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | |
| | | | | Number, Street, City, State & Zip Code |
| | | | | |

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ MICHAEL AUSTIN MACE

MICHAEL AUSTIN MACE

MICHAEL AUSTIN MACE

Signature of Debtor 1

Executed on

July 19, 2019

MM / DD / YYYYY

Executed on

July 19, 2019

MM / DD / YYYYY

| Debtor 1 | MICHAEL AUSTIN MACE |
|----------|---------------------|
| Debtor 2 | ASHLEY SUE MACE |

| Case number | (if known) |
|-------------|------------|
|-------------|------------|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Dale Bohannon | Date | July 19, 2019 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Dale Bohannon | | |
| Printed name | | |
| Dale Bohannon Attorney | | |
| Firm name | | |
| 115 S Dixie Ave | | |
| Cookeville, TN 38501 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 931-526-7868 | Email address | dbohannon@dbohannon.net |
| 4662 TN | | |
| Bar number & State | | |

| Fill | in this informa | tion to identify your o | case: | | | |
|-------------|---|---|---|--|---------------------|--------------------------|
| Deb | tor 1 | MICHAEL AUSTIN | MACE | | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 | ASHLEY SUE MA | | | | |
| (Spot | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bank | ruptcy Court for the: | MIDDLE DISTRICT OF | FTENNESSEE | | |
| Cas | e number | | | | | |
| (if kno | | | | | ☐ Check | k if this is an |
| | | | | | amen | ded filing |
| Sui Be a | mmary of s complete and mation. Fill ou | d accurate as possib t all of your schedule | le. If two married peoples first; then complete t | and Certain Statistical Information and the information on this form. If you are filing tok the box at the top of this page. | nsible for supplyin | |
| Part | 1: Summari | ize Your Assets | | | | |
| | | | | | Your a | ssets of what you own |
| 1. | Schedule A/B 1a. Copy line 5 | : Property (Official Fo | orm 106A/B) om Schedule A/B | | \$ | 110,000.00 |
| | 1b. Copy line 6 | 62, Total personal prop | perty, from Schedule A/B | 3 | \$ | 14,308.36 |
| | 1c. Copy line 6 | 63, Total of all property | on Schedule A/B | | \$ | 124,308.36 |
| Part | 2: Summari | ize Your Liabilities | | | | |
| | | | | | | iabilities It you owe |
| 2. | | | laims Secured by Propert nn A, Amount of claim, a | ty (Official Form 106D) It the bottom of the last page of Part 1 of <i>Schedu</i> | ule D \$ | 134,037.74 |
| 3. | | | Unsecured Claims (Offici 1 (priority unsecured clair | ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the t | total claims from Part 2 | 2 (nonpriority unsecured | claims) from line 6j of Schedule E/F | \$ | 29,481.87 |
| | | | | Your total lia | bilities \$ | 163,519.61 |
| Part | 3: Summari | ize Your Income and | Expenses | | | |
| 4. | | our Income (Official Fo | rm 106I) | | | |
| - †. | | | | le I | \$ | 3,813.26 |
| 5. | | our Expenses (Official on the organization of | | | \$ | 3,731.71 |
| Par | | | Administrative and Sta | | | |
| ell. | | | | | | |
| | | for bankruptcy unde | er Chapters 7, 11, or 13 | ? Check this box and submit this form to the court | with your other sc | hedules. |
| | - | | on this part of the form. | onock and box and babilit and form to allo boart | • | |
| 6. | - | | on this part of the form. | | , | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,927.37

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part A on Oakarleda F/F a consthet fallowing | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Best Case Bankruptcy

Doc 1

| | MICHAEL AU | STIN MACE | | | | |
|--|---|----------------------|--|---|---|---|
| | First Name | Middle | Name Last Name | | | |
| Debtor 2 | ASHLEY SUE | | Name - Land Name - | | | |
| Spouse, if filing) | First Name | | Name Last Name | | | |
| Jnited States B | ankruptcy Court for t | he: MIDDLE DI | ISTRICT OF TENNESSEE | | | |
| Case number | | | | | | Check if this is a |
| | | | | | | amended filing |
| | | | | | | |
| Official Fo | orm 106A/B | | | | | |
| Schedu | le A/B: Pr | operty | | | | 12/15 |
| each category, | separately list and de | scribe items. List | an asset only once. If an asset fits in more than o | ne category, list the a | asset in the | category where you |
| Part 1: Describe | e Each Residence, Bu | ilding, Land, or Ot | her Real Estate You Own or Have an Interest In | | | |
| Do you own or | have any legal or equ | itable interest in a | ny residence, building, land, or similar property? | | | |
| □ No. Go to Pa | art 2. | | | | | |
| Yes Where | is the property? | | | | | |
| | p | | | | | |
| | | | | | | |
| | | | | | | |
| 1 228 BLUEBIRD LANE | | | What is the property? Check all that apply | | | |
| 228 BLU | | | What is the property? Check all that apply Single-family home | | | s or exemptions. Put |
| 228 BLU | EBIRD LANE s, if available, or other descri | ription | | the amount of any | y secured cla | aims on Schedule D: |
| 228 BLU | | ription | Single-family home | the amount of any | y secured cla | |
| 228 BLU | | ription | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any Creditors Who Ha | y secured cla ave Claims S | aims on Schedule D: Secured by Property. |
| 228 BLU | s, if available, or other descr | ription 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any | y secured cla ave Claims S the C | aims on Schedule D: |
| 228 BLU | s, if available, or other descr | | ■ Single-family home □ Duplex or multi-unit building Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property | the amount of any Creditors Who Ha | y secured cla ave Claims S the C | aims on Schedule D: Secured by Property. Current value of the cortion you own? |
| Street address | s, if available, or other descr on TN | 38570-0000 | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | Current value of entire property? \$110,00 Describe the nat | y secured cla ave Claims S the C p 0.00 | aims on Schedule D: Secured by Property. Current value of the ortion you own? \$110,000.0 |
| Street address | s, if available, or other descr on TN | 38570-0000 | ■ Single-family home □ Duplex or multi-unit building Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property | Current value of entire property? \$110,00 Describe the nat | the Cp. 0.00 cure of your ople, tenance | aims on Schedule D: Secured by Property. Current value of the ortion you own? \$110,000.0 |
| 228 BLUI Street address | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current value of entire property? \$110,00 Describe the nat (such as fee sim | the Cp. 0.00 cure of your ople, tenance | aims on Schedule D: Secured by Property. Current value of the ortion you own? \$110,000.0 |
| 228 BLUI Street address | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if ke | the Cp. 0.00 cure of your ople, tenance | aims on Schedule D: Secured by Property. Current value of the ortion you own? \$110,000.0 |
| 228 BLUI Street address Livingsto | s, if available, or other descr on TN | 38570-0000 | ■ Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if k Fee simple | the Cp 0.00 ure of your ple, tenance chown. | aims on Schedule D: Secured by Property. Current value of the ortion you own? \$110,000.0 |
| 228 BLUI Street address Livingsto City Overton | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if k Fee simple | the Cp 0.00 cure of your ple, tenanc.nown. | aims on Schedule D: Secured by Property. Current value of the portion you own? \$110,000.00 Townership interest by by the entireties, o |
| 228 BLUI Street address Livingsto City Overton | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if k Fee simple | the Cp 0.00 cure of your ple, tenanc.nown. | aims on Schedule D: Secured by Property. Current value of the portion you own? \$110,000.0 Townership interest by by the entireties, o |
| 228 BLUI Street address Livingsto City Overton | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if k Fee simple | the Cp 0.00 cure of your ple, tenanc.nown. | aims on Schedule D: Secured by Property. Current value of the portion you own? \$110,000.00 Townership interest by by the entireties, o |
| Livingsto City Overton | s, if available, or other descr on TN | 38570-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if | Current value of entire property? \$110,00 Describe the nat (such as fee sim a life estate), if k Fee simple | the Cp 0.00 cure of your ple, tenanc.nown. | aims on Schedule D: Secured by Property. Current value of the portion you own? \$110,000.0 Townership interest by by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| | tor 1 tor 2 | MICHAEL AU | | | Case number (if known) | |
|-------------|-------------------|--|--|---|---------------------------------------|--|
| 3. C | ars, van | s, trucks, tract | ors, sport utility vehi | icles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| 3.1 | Make: | A 1 TINA A | | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any | cured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: Appro | 2017 ximate mileage: information: | | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of entire property? | |
| | | | | ☐ Check if this is community property (see instructions) | \$10,000 | \$10,000.00 |
| .p Part | ages yo | ou have attache | d for Part 2. Write th | | | \$10,000.00 |
| | | · | | rest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> | xample: No | Id goods and fus: Major appliand | irnisnings ces, furniture, linens, c | china, kitchenware | | |
| | | | NIGHTSTAND \$25 REFRIGERATOR DISHES/COOKWA GAME SYSTEM \$ | ECLINER \$25, 3 BEDS \$175, 3 DRESS 5, DINING TABLE/CHAIRS \$100, RANG \$300, MICROWAVE \$25, DISHWASHE ARE \$200, SMALL APPLIANCE \$10, 3 \$100, 1 COMPUTER \$100, 2 PICTURES RTAINS \$25, WASHER/DRYER \$300, 2 \$00, TABLET \$50 | GE \$300, :R \$200, TV'S \$185, | \$2,825.00 |
| | | | POWER TOOLS | | | \$50.00 |
| 8. C | · No Yes. □ | s: Televisions ar including cell Describe les of value s: Antiques and | phones, cameras, me | rints, or other artwork; books, pictures, or othe | | |

Official Form 106A/B Schedule A/B: Property page 2

| | ebtor 1 ebtor 2 | MICHAEL AUSTIN M ASHLEY SUE MACE | ACE | Ca | ase number (if known) | |
|-----|--------------------|---|--|--|--------------------------|---|
| 9. | | ent for sports and hobbie es: Sports, photographic, e musical instruments | | uipment; bicycles, pool tables, gol | f clubs, skis; canoes a | nd kayaks; carpentry tools; |
| | ☐ Yes. | Describe | | | | |
| 10. | ■ No | oles: Pistols, rifles, shotgun | s, ammunition, and related e | quipment | | |
| | | Describe | | | | |
| 11. | □ No · | oles: Everyday clothes, furs | , leather coats, designer wea | ar, shoes, accessories | | |
| | ■ Yes. | Describe | | | | |
| | | WEAR | NG APPAREL | | | \$300.00 |
| 12. | □ No | | ume jewelry, engagement rir | ngs, wedding rings, heirloom jewe | elry, watches, gems, g | old, silver |
| | | 2 BRAG | CELET/WATCHES \$250. | 2 WEDDING RINGS \$100 | | \$350.00 |
| | □ No | oles: Dogs, cats, birds, hors Describe 2 CATS | | | | \$20.00 |
| | ■ No | ner personal and househ Give specific information | • | dy list, including any health aid | ls you did not list | |
| 15 | | | our entries from Part 3, inc | luding any entries for pages yo | u have attached | \$3,545.00 |
| | | scribe Your Financial Assets | | or fallowing | | Owner to release of the |
| D | o you ow | n or nave any legal or eq | uitable interest in any of th | e rollowing? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | ur wallet, in your home, in a s | safe deposit box, and on hand wh | en you file your petitic | n |
| | | | | | Cash | \$4.00 |
| 17. | Examp | | other financial accounts; cert e multiple accounts with the | tificates of deposit; shares in cred same institution, list each. | lit unions, brokerage h | ouses, and other similar |
| | □ No ■ Yes | | Ins | stitution name: | | |

Official Form 106A/B Schedule A/B: Property page 3

| | | 17.1. CHECKING | FIRST NATIONAL BANK OF TN | \$409.36 |
|-----|--|---------------------------------------|---|---------------------------------------|
| 18. | • | | ss n brokerage firms, money market accounts | |
| | No | 1 22 2 | | |
| | ☐ Yes | Institution or issu | uer name: | |
| 19. | joint venture | ock and interests in inco | orporated and unincorporated businesses, including an interest | in an LLC, partnership, and |
| | ■ No | | | |
| | ☐ Yes. Give specific info | rmation about them Name of entity: | % of ownership: | |
| 20. | Negotiable instruments i | include personal checks, | negotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. It transfer to someone by signing or delivering them. | |
| | ☐ Yes. Give specific infor | rmation about them | | |
| | | Issuer name: | | |
| 21. | □ No | RA, ERISA, Keogh, 401(k | k), 403(b), thrift savings accounts, or other pension or profit-sharing p | olans |
| | Yes. List each account | separately. Type of account: | Institution name: | |
| | | 401K | ACCOUNT IS THROUGH COOKEVILLE REGIONAL MEDICAL CENTER | \$350.00 |
| 22. | | d deposits you have made | e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications compani | ies, or others |
| | ■ No | | | |
| | ☐ Yes | | Institution name or individual: | |
| 23. | Annuities (A contract for | r a periodic payment of m | noney to you, either for life or for a number of years) | |
| | ☐ Yes Iss | uer name and description | n. | |
| 24. | Interests in an education 26 U.S.C. §§ 530(b)(1), 5 | | a qualified ABLE program, or under a qualified state tuition prog | gram. |
| | · · · · | titution name and descrip | ption. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | ■ No | | y (other than anything listed in line 1), and rights or powers exer | rcisable for your benefit |
| | ☐ Yes. Give specific info | rmation about them | | |
| 26. | Examples: Internet doma | • | s, and other intellectual property occeeds from royalties and licensing agreements | |
| | ■ No □ Yes. Give specific info | ormation about them | | |
| 27. | Licenses, franchises, a Examples: Building pern■ No | | gibles cooperative association holdings, liquor licenses, professional license | es |
| | ☐ Yes. Give specific info | rmation about them | | |
| M | oney or property owed to | you? | | Current value of the portion you own? |

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Official Form 106A/B

Best Case Bankruptcy

page 4

Schedule A/B: Property

| Debt Debt | | MICHAEL AUSTI ASHLEY SUE MA | | | Case number (if known) | |
|----------------|--------------------------------------|---|---|---------------------------|---|---|
| | | | | | | Do not deduct secured claims or exemptions. |
| | No | unds owed to you Give specific informati | on about them, including whe | ther you already file | d the returns and the tax years | |
| | Examp No | support les: Past due or lump Give specific informati | , | t, child support, mai | ntenance, divorce settlement, property | settlement |
| | Examp I _{No} | benefits; unpaid I | sability insurance payments, on oans you made to someone o | disability benefits, sid | ck pay, vacation pay, workers' comper | nsation, Social Security |
| 31. l ı | nteres | Give specific informates in insurance policy les: Health, disability, | ies | ngs account (HSA); o | credit, homeowner's, or renter's insurar | ce |
| | No | Name the insurance c | ompany of each policy and lis Company name: | | Beneficiary: | Surrender or refund value: |
| ; • | If you a someo I _{No} | | | | e policy, or are currently entitled to rece | ive property because |
| | Examp I _{No} | | s, whether or not you have figure or not you | | | |
| | No | ontingent and unliques | - | ıre, including coun | terclaims of the debtor and rights to | set off claims |
| | No | ancial assets you di | • | | | |
| 36. | | | | | ies for pages you have attached | \$763.36 |
| Part | 5: Des | scribe Any Business-Re | elated Property You Own or Hav | re an Interest In. List a | any real estate in Part 1. | |
| _ | - | wn or have any legal o | r equitable interest in any busin | ness-related property | ? | |
| _ | | o to line 38. | | | | |
| Part | | | ommercial Fishing-Related Pro st in farmland, list it in Part 1. | perty You Own or Hav | ve an Interest In. | |
| | _ ` | own or have any leg Go to Part 7. | gal or equitable interest in a | ny farm- or comme | rcial fishing-related property? | |
| | | Go to line 47. | Set | nedule A/R: Property | , | nage |

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Best Case Bankruptcy

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

 $\hfill \square$ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

| Part | 8: List the Totals of Each Part of this Form | | | | |
|------|---|----|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | | \$110,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$10,000.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | | \$3,545.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$763.36 | | |
| 59. | Part 5: Total business-related property, line 45 | _ | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | _ | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +_ | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$14,308.36 | Copy personal property total | \$14,308.36 |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$124,308.36

| Fill in this inform | Il in this information to identify your case: | | | | | | |
|-----------------------------|---|--------------------|-----------|--|--------------------------------------|--|--|
| Debtor 1 | MICHAEL AUSTIN | N MACE | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | ASHLEY SUE MA | CE | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | inkruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Int 1: Identify the Property You Claim as E | xempt | | | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 l | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 228 BLUEBIRD LANE Livingston, TN | \$110,000.00 | • | \$50,000.00 | Tenn. Code Ann. § 26-2-301(f) |
| | 38570 Overton County Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2 SOFAS \$100, RECLINER \$25, 3 | \$2,825.00 | | \$2,825.00 | Tenn. Code Ann. § 26-2-103 |
| | BEDS \$175, 3 DRESSERS \$85, NIGHTSTAND \$25, DINING TABLE/CHAIRS \$100, RANGE \$300, REFRIGERATOR \$300, MICROWAVE \$25, DISHWASHER \$200, DISHES/COOKWARE \$200, SMALL APPLIANCE \$10, 3 TV'S \$185, GAME SYSTEM \$100, 1 COMPUTER \$100, 2 P Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | POWER TOOLS Line from Schedule A/B: 6.2 | \$50.00 | | \$50.00 | Tenn. Code Ann. § 26-2-103 |
| | Line from Scriedule A/B: 0.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | WEARING APPAREL | \$300.00 | | \$300.00 | Tenn. Code Ann. § 26-2-104 |
| | Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

| Official | Form | 106C |
|----------|------|------|
|----------|------|------|

No

Yes

| Fill | in this informatio | n to identify you | r case: | | | | | |
|---------|-----------------------|-----------------------|--|-------------------|--|--|-------------------|-----|
| Deb | | IICHAEL AUST | | | | | | |
| | Fi | rst Name | Middle Name Last N | lame | | | | |
| | | SHLEY SUE M | | | | | | |
| (Spot | use if, filing) Fi | rst Name | Middle Name Last N | ame | | | | |
| Unit | ed States Bankrup | otcy Court for the: | MIDDLE DISTRICT OF TENNESSEE | | | | | |
| Cas | e number | | | | | | | |
| (if kno | | | | | | ☐ Check | if this is an | |
| | | | | | | ameno | led filing | |
| ~ · · · | | 205 | | | | | | |
| Off | cial Form 10 | <u> </u> | | | | | | |
| Sc | hedule D: | Creditors | Who Have Claims Sec | ured | by Propert | y | 12/1 | 5 |
| Re as | complete and acc | urate as nossible. It | f two married people are filing together, both | are equi | ally responsible for su | unnlying correct informa | tion If more sn | 200 |
| is ne | | | out, number the entries, and attach it to this | | | | | 100 |
| 1. Do | any creditors have | claims secured by | your property? | | | | | |
| | ☐ No. Check this | box and submit th | is form to the court with your other sched | ules. You | u have nothing else t | o report on this form. | | |
| | _ | of the information b | • | | · · | • | | |
| | | | ociow. | | | | | |
| Part | | cured Claims | | | Column A | Column B | Column C | |
| for e | ach claim. If more th | nan one creditor has | nore than one secured claim, list the creditor se a particular claim, list the other creditors in Part cal order according to the creditor's name. | parately 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion | |
| 2.1 | FREEDOM MO | ORTGAGE | Describe the property that secures the claim | m: | \$108,500.00 | \$110,000.00 | | .00 |
| | Creditor's Name | | 228 BLUEBIRD LANE Livingston, | TN | <u> </u> | | · | |
| | | | 38570 Overton County | | | | | |
| | PO BOX 5048 | | As of the date you file, the claim is: Check al | I that | | | | |
| | Indianapolis, | IN | apply. | i trict | | | | |
| | 46250-0485 | | Contingent | | | | | |
| | Number, Street, City, | State & Zip Code | Unliquidated | | | | | |
| Who | o owes the debt? (| Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| | ebtor 1 only | | ☐ An agreement you made (such as mortgag | e or secu | red | | | |
| _ | ebtor 2 only | | car loan) | , | | | | |
| _ | Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, mechanic's | lien) | | | | |
| _ | t least one of the de | • | ☐ Judgment lien from a lawsuit | | | | | |
| | heck if this claim r | elates to a | | of Trus | st | | | |

community debt

Date debt was incurred 7/1/2017

Last 4 digits of account number 8614

| Deb | ebtor 1 MICHAEL AUSTIN MACE | | С | ase number (if known) | | | | | |
|------|-----------------------------|----------------------|------------------|-----------------------|---------------------------------------|---------------|-------------|-------------|-------------|
| | | First Name | Midd | le Name | Last Name | | | | |
| Deb | otor 2 | ASHLEY S | SUE MACE | | | | | | |
| | | First Name | Midd | le Name | Last Name | | | | |
| | _ | | | | | | | | |
| 2.2 | 1 | SAN MOTO | | | | | ¢25 527 74 | ¢40,000,00 | ¢45 527 74 |
| | AC | CEPTANCE | CORP | | the property that secures the | claim: | \$25,537.74 | \$10,000.00 | \$15,537.74 |
| | Cred | itor's Name | | 2017 NI | ISSAN ALTIMA | | | | |
| | | | | | | | | | |
| | | | | As of the | date you file, the claim is: Chec | ck all that | | | |
| | | BOX 66036 | | apply. | auto you mo, mo oranii ioi onoc | ok all triat | | | |
| | Dal | las, TX 752 | 266-0360 | _ Contin | igent | | | | |
| | Numl | ber, Street, City, S | State & Zip Code | ☐ Unliqu | idated | | | | |
| | | | | ☐ Disput | red | | | | |
| Who | o owe | s the debt? | Check one. | Nature o | f lien. Check all that apply. | | | | |
| | Debtor | 1 only | | An agr | reement you made (such as mort | taage or seci | ured | | |
| | Debtor | 2 only | | car lo | • ` | .gago o. oco | | | |
| | Debtor | 1 and Debtor 2 | 2 only | ☐ Statute | ory lien (such as tax lien, mechar | nic's lien) | | | |
| _ | | | otors and anoth | _ | nent lien from a lawsuit | , | | | |
| | Check | if this claim re | elates to a | ☐ Other | (including a right to offset) | | | | |
| | comm | unity debt | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date | e debt | was incurred | AUG 2017 | La | st 4 digits of account number | 0001 | | | |
| | | | | | | | | | |
| Ac | dd the | dollar value o | f your entries i | n Column A or | n this page. Write that number | here: | \$134,037. | 74 | |
| | | the last page | • . | idd the dollar v | value totals from all pages. | | \$134,037. | 74 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Desc Main

| Fill in this inf | ormation to identify your | case: | | | | |
|---|---|---|---|--|---|---|
| Debtor 1 | MICHAEL AUSTIN | N MACE | | | | |
| | First Name | Middle Name | Last Name | | _ | |
| Debtor 2 | ASHLEY SUE MA | - | | | _ | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | MIDDLE DISTRICT | OF TENNESSEE | | _ | |
| Case number | | | | | | |
| (if known) | | | | | | check if this is an |
| | | | | | a | mended filing |
| Schedule Be as complete any executory c Schedule G: Exe | e E/F: Creditors W and accurate as possible. Us contracts or unexpired leases ecutory Contracts and Unexp editors Who Have Claims Sec | e Part 1 for creditors wit that could result in a cla ired Leases (Official For | th PRIORITY claims and nim. Also list executory m 106G). Do not include | contracts on Schedule a cany creditors with part | A/B: Property (Offici ially secured claims | al Form 106A/B) and on that are listed in |
| left. Attach the (name and case | Continuation Page to this pag number (if known). t All of Your PRIORITY Ur | e. If you have no inform | | | | |
| | ditors have priority unsecure | | | | | |
| No. Go | • • | u ciainis against you: | | | | |
| | το Paπ 2. | | | | | |
| ☐ Yes. | t All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| | ditors have nonpriority unsec | | 1? | | | |
| ☐ No. You | have nothing to report in this p | art. Submit this form to the | e court with your other sch | nedules. | | |
| Yes. | | | | | | |
| unsecured | rour nonpriority unsecured cl claim, list the creditor separately editor holds a particular claim, i | y for each claim. For each | claim listed, identify what | type of claim it is. Do not | list claims already inc | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 BYRI | DSTOWN MED CTR | Last 4 di | gits of account number | CASH | | \$228.27 |
| 8401 | ority Creditor's Name HIGHWAY 111 | When wa | as the debt incurred? | | | |
| | DSTOWN, TN 38549 er Street City State Zip Code | As of the | date you file, the claim | is: Check all that apply | | |
| | ncurred the debt? Check one. | 7.0 0 | , , | To onook an that apply | | |
| ☐ Del | btor 1 only | ☐ Conti | naent | | | |
| Del | btor 2 only | ☐ Unliqu | = | | | |
| ☐ Del | btor 1 and Debtor 2 only | ☐ Dispu | ted | | | |
| ☐ At I | east one of the debtors and and | other Type of I | NONPRIORITY unsecure | ed claim: | | |
| □ Che | eck if this claim is for a comi | nunity | ent loans | | | |
| debt Is the | claim subject to offset? | ☐ Obligation | ations arising out of a sep priority claims | paration agreement or divo | orce that you did not | |
| ■ No | - | | | ing plans, and other simila | ar debts | |
| ☐ Yes | S | ■ Other | . Specify ACCOUNT | <u>-</u> | | |

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE Case number (if known) 4.2 **CAPITAL ONE** \$1,628.00 Last 4 digits of account number 6445 Nonpriority Creditor's Name PO BOX 30285 When was the debt incurred? Salt Lake City, UT 84130-0287 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify ACCOUNT ☐ Yes 4.3 **CAPITAL ONE** Last 4 digits of account number 2798 \$1,683.76 Nonpriority Creditor's Name PO BOX 30285 When was the debt incurred? Salt Lake City, UT 84130-0287 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify ACCOUNT ☐ Yes **CAPITAL ONE** \$1,033.00 4.4 7805 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 30285 When was the debt incurred? Salt Lake City, UT 84130-0287 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code

Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ACCOUNT ☐ Yes

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE Case number (if known) 4.5 CASE# 2019-CV-174 Last 4 digits of account number \$0.00 Nonpriority Creditor's Name OVERTON CO GEN SESS CT When was the debt incurred? **1000 JOHN T POINDEXTER DR** Livingston, TN 38570 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify NOTICE ONLY ☐ Yes 4.6 **CHASE** \$1,377.08 Last 4 digits of account number 8098 Nonpriority Creditor's Name PO BOX 36520 When was the debt incurred? Louisville, KY 40233-6520 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **ACCOUNT (JPM Chase Bank card)** 4.7 **COMENITY BANK** Last 4 digits of account number 4375 \$847.00 Nonpriority Creditor's Name **BANKRUPTCY DEPT** When was the debt incurred? PO BOX 182125 **COLUMBUS, OH 43218-2125** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

Official Form 106 E/F

■ No

☐ Yes

report as priority claims

■ Other. Specify ACCOUNT

Is the claim subject to offset?

 \square Debts to pension or profit-sharing plans, and other similar debts

| 2 ASHLEY SUE MACE | Case number (if known) | |
|--|---|------------|
| COMENITY BANK | Last 4 digits of account number 0493 | \$825.34 |
| Nonpriority Creditor's Name BANKRUPTCY DEPT PO BOX 182125 | When was the debt incurred? | |
| COLUMBUS, OH 43218-2125 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is. Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify ACCOUNT | |
| CREDIT ONE BANK | Last 4 digits of account number 2139 | \$1,750.27 |
| Nonpriority Creditor's Name PO BOX 98873 LAS VEGAS, NV 89193-8873 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ■ Other. Specify ACCOUNT | |
| DIRECTV LLC | Last 4 digits of account number 5157 | \$281.45 |
| Nonpriority Creditor's Name ATTN BANKRUPTCIES | When was the debt incurred? | Ψ201110 |
| PO BOX 6550 GREENWOOD VILLAGE, CO 80155-6550 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |

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debt

■ No

☐ Yes

■ Other. Specify ACCOUNT

☐ Student loans

report as priority claims

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

 \square Check if this claim is for a community

Is the claim subject to offset?

| ebic | or 2 ASHLEY SUE MACE | Case number (if known) | |
|------|--|---|---|
| .1 | ERC | Last 4 digits of account number | \$720.2 |
| | Nonpriority Creditor's Name 8014 BAYBERRY RD Jacksonville, FL 32256 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify ACCOUNT | |
| 1 | IC SYSTEMS INC | Last 4 digits of account number 2911 | \$1,632.80 |
| | Nonpriority Creditor's Name | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | PO BOX 64378 | When was the debt incurred? | |
| | Saint Paul, MN 55164 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Offect all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | _ ` | |
| | <u> </u> | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify ACCOUNT | |
| .1 | LIVINGSTON OF INIO | 0242 | * 070 00 |
| | LIVINGSTON CLINIC | Last 4 digits of account number 8343 | \$670.28 |
| | Nonpriority Creditor's Name PO BOX 973 | When was the debt incurred? | |
| | Livingston, TN 38570 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Contingent | |
| | | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |

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debt

■ No

☐ Yes

■ Other. Specify ACCOUNT

☐ Disputed

☐ Student loans

Type of NONPRIORITY unsecured claim:

☐ At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| Debt | or 2 ASHLEY SUE MACE | Case number (if known) | | | |
|----------|---|---|----------|--|--|
| 4.1 4 | LIVINGSTON REGIONAL HOSPITAL | Last 4 digits of account number | \$967.07 | | |
| | Nonpriority Creditor's Name PO BOX 550 LIVINGSTON, TN 38570 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | , | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | _ | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify ACCOUNT | | | |
| 4.4 | | | | | |
| 4.1 5 | MIDLAND FUNDING LLC (replace) | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name MIDLAND FUNDING LLC PO BOX 772719 | When was the debt incurred? | | | |
| | Memphis, TN 38177-2719 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify NOTICE ONLY | | | |
| 4.1 | NATERA | | £440.00 | | |
| 6 | NATERA Nonpriority Creditor's Name | Last 4 digits of account number | \$449.00 | | |
| | PO BOX 8427 Pasadena, CA 91109-8427 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | | | | | |

☐ Yes

■ No

debt

■ Other. Specify ACCOUNT

Type of NONPRIORITY unsecured claim:

☐ Disputed

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 $\hfill\square$ Check if this claim is for a community

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE Case number (if known)

| 4.1 7 | ONE MAIN FINANCIAL | Last 4 digits of account number 8326 | \$6,390.00 |
|----------|--|--|------------|
| | Nonpriority Creditor's Name PO BOX 64 | When was the debt incurred? | |
| | Evansville, IN 47701 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify ACCOUNT | |
| 4.1 8 | PUZZLE CLUB | Last 4 digits of account number 9867 | \$40.19 |
| | Nonpriority Creditor's Name PO BOX 6381 Harlan, IA 51593-1881 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify ACCOUNT | |
| 4.1 9 | RE: CAPITAL ONE | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name PORTFOLIO RECOVERY ASSOC PO BOX 12914 | When was the debt incurred? | |
| | Norfolk, VA 23541 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify NOTICE ONLY | |
| | 55 | - Outer, Specify | |

| btor 2 ASHLEY SUE MACE | Case number (if known) | | | | |
|--|---|-------------|--|--|--|
| RE: CHASE | Last 4 digits of account number 9289 | \$2,543.09 | | | |
| Nonpriority Creditor's Name MRS ASSOC 814 OLNEY AVE | When was the debt incurred? | | | | |
| Cherry Hill, NJ 08003 | _ | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| Debtor 1 only | Пол | | | | |
| | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| At least one of the debtors and another | ☐ Student loans | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify ACCOUNT | | | | |
| RE: COMENITY BANK | Last 4 digits of account number 5637 | \$665.00 | | | |
| Nonpriority Creditor's Name NATIONAL ENTERPRISE SYSTEM | Last 4 digits of account number 5637 When was the debt incurred? | Ψουσ.συ | | | |
| 2479 EDISON BLVD UNIT A Twinsburg, OH 44087-2345 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Oneon an that apply | | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | Other. Specify ACCOUNT | | | | |
| RE: COMENITY CAPITAL BANK | Last 4 digits of account number | \$0.00 | | | |
| Nonpriority Creditor's Name LVNV FUNDING LLC PO BOX 10497 | When was the debt incurred? | | | | |
| Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| No | | | | | |
| ☐ Yes | Other Specify NOTICE ONLY | | | | |

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| tor 2 ASHLEY SUE MACE | Case number (if known) | |
|---|---|--------|
| RE: CREDIT ONE BANK & COMENITY BANK | Last 4 digits of account number | \$0.0 |
| Nonpriority Creditor's Name TRUEACCORD 303 2ND ST STE 750 SOUTH San Francisco, CA 94107 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify NOTICE ONLY | |
| RE: JPM CHASE BANK CARD | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name NATIONWIDE CREDIT INC PO BOX 14581 | When was the debt incurred? | |
| Des Moines, IA 50306 Number Street City State Zip Code | As of the date were file the plates to OL | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify NOTICE ONLY | |

Nonpriority Creditor's Name **GLOSS ESQ, KIMBERLY P** When was the debt incurred? PO BOX 772719 Memphis, TN 38177-2719 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: $\hfill \square$ At least one of the debtors and another ☐ Student loans $\hfill\square$ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify NOTICE ONLY

Last 4 digits of account number

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■ No

☐ Yes

4.2 5

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

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\$0.00

RE: MIDLAND FUNDING LLC

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

| | or 1 MICHAEL AUSTIN MACE or 2 ASHLEY SUE MACE | Case number (if known) | | | |
|-----|--|---|---------------|--|--|
| 4.2 | RE: SYNCHRONY BANK | | \$0.00 | | |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | |
| | LVNV FUNDING LLC | When was the debt incurred? | | | |
| | PO BOX 10497 | | | | |
| | Greenville, SC 29603 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify NOTICE ONLY | | | |
| | — 163 | Other. Specify | | | |
| 4.2 | RE: SYNCHRONY BANK | Lost 4 digits of account number | \$0.00 | | |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ0.00 | | |
| | MIDLAND FUNDING LLC | When was the debt incurred? | | | |
| | 350 CAMINO DE LA REINA STE 100 | | | | |
| | San Diego, CA 92108 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify NOTICE ONLY | | | |
| 4.2 | DE. CYNCHDONY DANK | | f 0.00 | | |
| 8 | RE: SYNCHRONY BANK | Last 4 digits of account number | \$0.00 | | |
| | Nonpriority Creditor's Name DIVERSE FUNDING ASSOC LLC | When was the debt incurred? | | | |
| | 2351 NORTH FOREST RD STE 110 | | | | |
| | Getzville, NY 14068 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | _ | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |

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☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify NOTICE ONLY

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| Debt | or 2 ASHLEY SUE MACE | Case number (if known) | | | |
|----------|---|---|------------|--|--|
| 4.2 9 | SYNCHRONY | Last 4 digits of account number 4453 | \$467.89 | | |
| U | Nonpriority Creditor's Name MRS ASSOC 814 OLNEY AVE | When was the debt incurred? | | | |
| | Cherry Hill, NJ 08003 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify ACCOUNT | | | |
| 4.3 0 | SYNCHRONY BANK | Last 4 digits of account number 4020 | \$2,833.00 | | |
| | Nonpriority Creditor's Name ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify ACCOUNT | | | |
| 4.3 1 | SYNCHRONY BANK Nonpriority Creditor's Name | Last 4 digits of account number 4911 | \$400.08 | | |
| | ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ■ No | | | | |
| | ☐ Yes | ■ Other. Specify ACCOUNT | | | |

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Debtor 1 MICHAEL AUSTIN MACE

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE Case number (if known) 4.3 SYNCHRONY BANK 4297 \$1.057.05 Last 4 digits of account number 2 Nonpriority Creditor's Name ATTN: BANKRUPTCY DEPT When was the debt incurred? PO BOX 965060 ORLANDO, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify ACCOUNT 4.3 6992 WEBBANK/FINGERHUT \$992.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 6250 RIDGEWOOD RD When was the debt incurred? **ST CLOUD, MN 56303** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify ACCOUNT ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 0.00 Claims for death or personal injury while you were intoxicated 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** Student loans 6f 0.00

Official Form 106 E/F

from Part 2

Total claims

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

Doc 1

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0.00

6q.

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE

Case number (if known)

you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

6i. Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

6h. 0.00 6i. 29,481.87

6j. 29,481.87

Best Case Bankruptcy

| Fill in this information to identify your case: | | | | | | |
|---|----------------------|--------------------|-----------|--|---------------------|--|
| Debtor 1 | MICHAEL AUSTIN | MACE | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | ASHLEY SUE MA | CE | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | MIDDLE DISTRICT OF | TENNESSEE | | | |
| Case number | Case number | | | | | |
| (if known) | | | | | Check if this is an | |
| | | | | | amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|--|
| 2.1 | PROGRESSIVE LEASING 256 WEST DATA DR Draper, UT 84020 | BIG LOTS FURNITURE LEASE - ACCOUNT BALANCE \$420.18 |
| 2.2 | VERIZON WIRELESS BKCY DEPT BANKRUPTCY ADMINISTRATION 500 TECHNOLOGY DR STE 550 WELDON SPRING, MO 63304 | CELL PHONE LEASE |

| Fill in this infor | mation to identify your | case. | | | l | |
|---------------------|---|-------------------------------|------------------------------|---|---|---------|
| Debtor 1 | MICHAEL AUSTII | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | ASHLEY SUE MA | Middle Name | Last Name | | | |
| (Spouse if, filing) | riist name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |
| Official Fo | rm 106⊔ | | | | | |
| | | .1.4 | | | | |
| Schedule | H: Your Cod | ebtors | | | 12/ | 15 |
| □ No ■ Yes | | | do not list either spouse as | | ty states and territories include | |
| _ | | Nevada, New Mexico, Pu | erto Rico, Texas, Washing | gton, and Wisconsin. | | |
| ■ No. Go to | | use, or legal equivalent live | e with you at the time? | | | |
| in line 2 aga | ain as a codebtor only i), Schedule E/F (Official | f that person is a guaran | tor or cosigner. Make su | re you have listed | ng with you. List the person sh he creditor on Schedule D (Of , Schedule E/F, or Schedule G | fficial |
| | nn 1: Your codebtor Number, Street, City, State and Zl | P Code | | Column 2: The cr Check all schedu | editor to whom you owe the dest that apply: | lebt |
| 1040 Monte | MAS MAULDING RUSHING SPRINGS erey, TN 38574 T DEBTOR'S FATHE | | | ■ Schedule D, □ Schedule E/F □ Schedule G NISSAN MOTO | | |

Schedule H: Your Codebtors

| Fill in this informatio | n to identify your case: | | |
|---------------------------------|--|---|---|
| Debtor 1 | MICHAEL AUSTIN MACE | | |
| Debtor 2 (Spouse, if filing) | ASHLEY SUE MACE | | |
| United States Bankr | ruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE | | |
| Case number (If known) | | Check if this is: ☐ An amended ☐ A suppleme | d filing nt showing postpetition chapter |
| Official Form | m 106I | | s of the following date: |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. **DESKTOP SUPPORT CERTIFIED PHARMACY TECH** Occupation **TECHNICIAN** Include part-time, seasonal, or self-employed work. **COOKEVILLE REGIONAL** AMERICARE PHARMACY SVCS Occupation may include student **Employer's name MEDICAL CENTER** LLC or homemaker, if it applies. **Employer's address** 1 MEDICAL CENTER BLVD 621 E 15TH ST **COOKEVILLE, TN 38501** Cookeville, TN 38501 How long employed there? 7 MONTHS 1-1/2 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,969.20 \$ 2,678.00

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 2,969.20 \$ 2,678.00

\$ 2,678.00

Case number (if known)

| Copy line 4 here | | | | For | For Debtor 1 | | Debtor 2 or | | |
|---|-----|---------------------|---|---------------------|--------------|--------------|-------------|-------------|--------------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S 59.39 \$ 0.00 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S 772.77 \$ 19.02 5d. Insurance 5d. Domestic support obligations 5d. S 772.77 \$ 19.02 5d. Domestic support obligations 5d. S 0.00 \$ 197.99 5d. Union dues 5d. Domestic support obligations 5d. Voluntary Contributions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. S 1,241.90 5d. O.00 \$ 197.99 5d. O.00 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. S 1,241.90 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. S 1,241.90 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. S 1,241.90 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. S 1,7241.90 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. S 1,7241.90 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7d. Calculate rincome regularly received: 8d. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly relations. 8d. Interest and dividends 8d. S 0.00 \$ 0.00 8d. S 0 | | Copy | line 4 here | 4. | \$ | 2.969.20 | \$ | | |
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| 5. | 5. | List a | all payroll deductions: | | | | | | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. S 0.00 \$ 0.00 5e. Insurance 5d. S 0.00 \$ 0.00 5d. Ohnestic support obligations 5g. Union dues 5g. Uni | | 5a. | | | | | · — | 375.0 | 03 |
| 56. Required repayments of retirement fund loans 56. Insurance 56. So. Insurance 56. Insurance 56. Insurance 56. Insurance 56. Insurance 56. Insurance 57. Domestic support obligations 58. Union dues 59. \$0.00 \$197.93 59. \$0.00 \$0.00 50.00 | | 5b. | | 5b. | | 59.39 | \$ | 0.0 | 00_ |
| 56. Insurance 56. S 712.77 \$ 19.02 57. Domestic support obligations 57. S 0.000 \$ 197.99 58. Union dues 58. S 0.00 \$ 0.00 58. Other deductions. Specify: 58. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 59. Calculate total monthly take-home pay. Subtract line 6 from line 4. 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 71. Calculate total monthly take-home pay. Subtract line 6 from line 4. 72. Calculate total monthly take-home pay. Subtract line 6 from line 4. 73. Ty27.30 \$ 2,085.96 84. List all other income regularly received: 85. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 85. Interest and dividends 86. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 86. Unemployment compensation 86. Social Security 86. \$ 0.00 \$ 0.00 87. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 87. \$ 0.00 \$ 0.00 88. Colla Security 89. Pension or retirement income 89. \$ 0.00 \$ 0.00 80. Other monthly income. Specify: 80. Social security and the state of the supplemental Nutrition Assistance Program) or housing subsidies. 81. \$ 0.00 \$ 0.00 82. \$ 0.00 \$ 0.00 83. \$ 0.00 \$ 0.00 84. \$ 0.00 \$ 0.00 85. \$ 0.00 \$ 0.00 86. \$ 0.00 \$ 0.00 87. \$ 0.00 \$ 0.00 88. \$ 0.00 \$ 0.00 89. \$ 0.00 \$ 0.00 80. \$ 0.00 \$ 0.00 80. \$ 0.00 \$ 0.00 81. \$ 0.00 \$ 0.00 82. \$ 0.00 \$ 0.00 83. \$ 0.00 \$ 0.00 84. \$ 0.00 \$ 0.00 85. \$ 0.00 \$ 0.00 86. \$ 0.00 \$ 0.00 87. \$ 0.00 \$ 0.00 88. \$ 0.00 \$ 0.00 89. \$ 0.00 \$ 0.00 80. \$ 0.00 \$ 0.00 80. \$ 0.00 \$ 0.00 80. | | 5c. | · · · · · · · · · · · · · · · · · · · | | · — | | · — | | |
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| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5h. 6. \$1,241.90 \$592.04 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,727.30 \$2,085.96 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Unemployment compensation 8. Social Security 8. Social Sec | | | | | | | \$_ | | - |
| 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,241,90 \$ 592,04 7. \$ 1,727.30 \$ 2,085.96 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as foot stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Sum | | | | | · — | | \$_ | | |
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| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8d. Question or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. *\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 6. | Add t | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | | \$ | | |
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| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,813.26 | | 8b. | • | | · — | | | | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 9. Add all other income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8c. | \$ | | \$ | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.0 | 00 |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.0 | 00 |
| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No. | | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ | \$ | | \$_ | | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12. \$ 3,813.26 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | | - | | - | φ | | Φ_ | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,813.26 Combined monthly income | | OII. | Other monthly income. Specify. | _ OII. 1 | | 0.00 | | 0.0 | <u> </u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? | 9. | Add a | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0. | .00 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? | 10. | Calcu | ulate monthly income. Add line 7 + line 9. | 10. \$ | 1 | ,727.30 + \$ | 2,0 | 085.96 = \$ | 3,813.26 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | Add tl | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{3,813.26}{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Include other Do no | de contributions from an unmarried partner, members of your household, your of friends or relatives. It include any amounts already included in lines 2-10 or amounts that are not a | depen | | • | | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income | 12. | Write | that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | 12. \$ | |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | |
| ☐ Yes. Explain: | 13. | Do yo | | • | | | | 1110111 | y moonie |
| | | | Yes. Explain: | | | | | | |

| | | | l | | |
|------|--|--|-----------------|-------------------|---|
| | in this information to identify your case: otor 1 MICHAEL AUSTIN MACE | | Check | c if this is: | |
| | WICHAEL AUSTIN WAGE | | | An amended filing | |
| | otor 2 ASHLEY SUE MACE | | | | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESS | SEE | N | MM / DD / YYYY | |
| | nown) | | | | |
| | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this famber (if known). Answer every question. t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | □ No. Go to line 2. | | | | |
| | ■ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate House | hold of Debto | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | SON | | 9 MO | □ No ■ Yes |
| | · | | | | □ No |
| | | SON | | 4 | ■ Yes □ No |
| | | DAUGHTER | | 9 | Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? □ No □ Yes | | | | |
| exp | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourses as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance it value of such assistance and have included it on <i>Schedule I:</i> Y ficial Form 106I.) | | | Your expo | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | e 4. \$ | | 715.97 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 100.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor | me equity loans | 4d. \$ 5. \$ | | 0.00 |
| | , | 1 / 2 | * | | |

Official Form 106J

| otor 2 | ASHLEY SUE MACE | Case num | ber (if known) | |
|------------|---|--------------|----------------|----------|
| Util | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 250.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 90.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 450.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Foo | d and housekeeping supplies | 7. | \$ | 750.00 |
| Chi | dcare and children's education costs | 8. | \$ | 100.00 |
| Clo | thing, laundry, and dry cleaning | 9. | \$ | 75.00 |
| Per | sonal care products and services | 10. | \$ | 150.00 |
| Med | lical and dental expenses | 11. | \$ | 50.00 |
| | nsportation. Include gas, maintenance, bus or train fare. | | · - | |
| | not include car payments. | 12. | | 200.00 |
| Ent | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| Cha | ritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insurance | 15a. | | 0.00 |
| | . Health insurance | 15b. | * | 0.00 |
| 15c | Vehicle insurance | 15c. | \$ | 170.00 |
| 15d | . Other insurance. Specify: | 15d. | \$ | 0.00 |
| Tax | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | | _ | |
| | . Car payments for Vehicle 1 | 17a. | * | 500.74 |
| 17b | . Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | | 0.00 |
| 17d | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | • | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106l). | 18. | · <u> </u> | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| | cify: | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| | Mortgages on other property | 20a. | · | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | . Homeowner's association or condominium dues | 20e. | · | 0.00 |
| Oth | er: Specify: PET SUPPLIES AND SHOTS | 21. | +\$ | 80.00 |
| Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 3,731.71 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 0,701.71 |
| | | | · | 2 724 74 |
| 22C | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,731.71 |
| | culate your monthly net income. | | | |
| Cal | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,813.26 |
| | | | | |
| 23a | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,731.71 |
| 23a | | 23b. | -\$ | 3,731.71 |
| 23a 23b | | 23b. 23c. | -\$ \$ | 3,731.71 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

| No. | |
|--------|---------------|
| ☐ Yes. | Explain here: |

| Fill in this inform | nation to identify your | case: | | |
|---------------------|--|--------------------------|--|--|
| Debtor 1 | | | | |
| Deptor 1 | MICHAEL AUSTII | Middle Name | Last Name | _ |
| Debtor 2 | ASHLEY SUE MA | | Eddervallio | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| | nkruptcy Court for the: | MIDDLE DISTRICT OF | | |
| | , , | - | | _ |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Forn | | n Individua | I Debtor's Schedules | S 12/15 |
| | | | | 12,10 |
| ears, or both. 18 | 8 U.S.C. §§ 152, 1341, 1 | | kruptcy case can result in fines up to \$2 | , |
| Did you pay | y or agree to pay some | one who is NOT an atto | rney to help you fill out bankruptcy forn | ns? |
| ■ No | | | | |
| ☐ Yes. N | lame of person | | Attacl | h Bankruptcy Petition Preparer's Notice, |
| _ | | | | aration, and Signature (Official Form 119) |
| | | | | |
| | Ity of perjury, I declare e true and correct. | that I have read the sur | nmary and schedules filed with this dec | laration and |
| X /e/ MIC | HAEL AUSTIN MAC | E | X /s/ ASHLEY SUE MACE | |
| | EL AUSTIN MACE | <u> </u> | ASHLEY SUE MACE | |
| | e of Debtor 1 | | Signature of Debtor 2 | |
| 2.3.1444 | | | g | |
| Date _ | July 19, 2019 | | Date July 19, 2019 | |
| | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| 311 | in this inform | ation to identify you | r case: | | | |
|-----|-------------------------|--|--|------------------------------------|--|------------------------------------|
| Del | otor 1 | MICHAEL AUST First Name | | Last Name | | |
| Del | otor 2 | ASHLEY SUE M. | Middle Name | Last Name | | |
| 1 | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Bar | kruptcy Court for the: | MIDDLE DISTRICT OF T | ENNESSEE | | |
| Car | se number | | | | | |
| | nown) | | | | | Check if this is an |
| | | | | | | amended filing |
| • | – | | | | | |
| | ficial For | | | | | |
| | | | Affairs for Individ | | | 4/19 |
| | | | | | equally responsible for sup additional pages, write yo | |
| | |). Answer every que | | | , aaamena pagee, mise ye | |
| Pai | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | Married | | | | | |
| | □ Not mari | ried | | | | |
| 2. | During the la | et 3 years have you | lived anywhere other than | where you live now? | | |
| ۷. | During the la | ist 3 years, have you | iived allywhere other than | where you live now ! | | |
| | □ No | | | | | |
| | Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | I. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | 599 B CAN Livingston | IPGROUND RD , TN 38570 | From-To: 2015 - 2017 | Same as Debtor | 1 | Same as Debtor 1 From-To: |
| | ■ No □ Yes. Ma | es include Arizona, Ca ke sure you fill out S <i>cl</i> | lifornia, Idaho, Louisiana, Ne nedule H: Your Codebtors (Of | vada, New Mexico, Puerto R | ity property state or territor ico, Texas, Washington and V | |
| Pai | t 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the total | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$21,253.99 | ■ Wages, commissions, bonuses, tips | \$18,080.96 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Official Form 107

Best Case Bankruptcy

page 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | | | | Debtor 1 | | | Debtor 2 | | |
|----------|---|--|---|--|--|--|---|--|---|
| | | | | Sources of income Check all that apply. | (befo | ss income ore deductions and usions) | Sources of inc | | Gross income (before deductions and exclusions) |
| | r last cale anuary 1 to | ndar year: December | 31, 2018) | ■ Wages, commissions bonuses, tips | , | \$24,198.00 | ■ Wages, conbonuses, tips | nmissions, | \$31,968.00 |
| | | | | ☐ Operating a business | ; | | ☐ Operating a | business | |
| | | ndar year be December | | ■ Wages, commissions bonuses, tips | , | \$26,373.00 | ■ Wages, conbonuses, tips | nmissions, | \$31,053.00 |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| . | Include in and other winnings. List each | come regard public bene If you are fil | dless of when fit payments ling a joint ca the gross inc | ne during this year or the the that income is taxable. pensions; rental income; ir se and you have income the ome from each source separate. | Examples on terest; diving at you rece | of other income are idends; money colle eived together, list it | alimony; child sup cted from lawsuits only once under D | ; royalties; an ebtor 1. | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | each (befo | ss income from a source ore deductions and usions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | ayments You | ı Made Before You Filed f | or Bankru | ptcy | | | |
| 6. | Are eithe ☐ No. | Neither D individual During the No. Yes | ebtor 1 nor primarily for e 90 days bef Go to line List below paid that c not include | 2's debts primarily consur Debtor 2 has primarily colar a personal, family, or house ore you filed for bankruptcy 7. each creditor to whom you reditor. Do not include payn a payments to an attorney for to n 4/01/22 and every 3 years | nsumer de shold purpo r, did you pa paid a tota ments for de or this bank | ebts. Consumer debose." ay any creditor a tot of \$6,825* or more omestic support oblications. | al of \$6,825* or mo in one or more pa gations, such as c | ore? yments and t hild support a | the total amount you and alimony. Also, do |
| | ■ Yes | | | or both have primarily cor ore you filed for bankruptcy | | | al of \$600 or more | ? | |
| | | □ No. | Go to line | | | | | | |
| | | ■ Yes | include pa | each creditor to whom you yments for domestic suppor or this bankruptcy case. | | | | | |
| | Creditor | 's Name an | d Address | Dates of pay | ment | Total amount paid | Amount you still owe | Was this | payment for |
| | PO BO | OM MORT X 50485 Ipolis, IN 4 | GAGE 6250-0485 | MAY, JUNE | | \$1,392.74 | \$108,500.00 | | Card depayment ers or vendors |
| | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pay | ment for |
|-----|---|---|---|---|--|--|
| | NISSAN MOTOR ACCEPTANCE CORP PO BOX 660360 Dallas, TX 75266-0360 | MAY JUNE JULY | \$1,502.22 | \$27,039.00 | ☐ Mortgage ☐ Car ☐ Credit Carc ☐ Loan Repa ☐ Suppliers c ☐ Other | yment |
| 7. | Within 1 year before you filed for bankrupture Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any gen- control, or owner of 20% of | eral partners; partners of their voting | erships of which yog securities; and ar | u are a general ny managing age | partner; corporations ent, including one for |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider | | ments or transfer a | any property on a | ccount of a deb | t that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include creditor | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | MIDLAND FUNDING LLC VS. MICHAEL MACE 2019-CV-174 | SUIT OVER ACCOUNT | OVERTON CO CT 1000 JOHN T P DR Livingston, TN | POINDEXTER | ■ Pending □ On appeal □ Concluded | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | rty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property Date | | | | Value of the property |
| | | Explain what happened | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | btor 1 MICHAEL AUSTIN MA btor 2 ASHLEY SUE MACE | CE | Case no | umber (if known) | | | | | |
|-----|---|-----------------|--|---------------------------------|---------------------------|--|--|--|--|
| 11. | Within 90 days before you filed accounts or refuse to make a p No Yes. Fill in the details. | | r, did any creditor, including a bank or financ e you owed a debt? | cial institution, set off any a | amounts from your | | | | |
| | Creditor Name and Address | D | escribe the action the creditor took | Date action was taken | Amount | | | | |
| 12. | Within 1 year before you filed for court-appointed receiver, a cus | | was any of your property in the possession her official? | of an assignee for the bend | efit of creditors, a | | | | |
| | ☐ Yes | | | | | | | | |
| Par | rt 5: List Certain Gifts and Cor | ntributions | | | | | | | |
| 13. | Within 2 years before you filed ■ No □ Yes. Fill in the details for each | | , did you give any gifts with a total value of r | nore than \$600 per person | ? | | | | |
| | Gifts with a total value of more per person | than \$600 | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | Person to Whom You Gave the Address: | Gift and | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | | |
| | Gifts or contributions to charit more than \$600 Charity's Name Address (Number, Street, City, State a | ies that total | Describe what you contributed | Dates you contributed | Value | | | | |
| Par | rt 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Describe the property you lost how the loss occurred | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List penance claims on line 33 of Schedule A/B: Proper | | Value of property lost | | | | |
| Par | rt 7: List Certain Payments or | Transfers | | | | | | | |
| 16. | consulted about seeking bankr Include any attorneys, bankruptcy | uptcy or prepar | did you or anyone else acting on your behal- ring a bankruptcy petition? ers, or credit counseling agencies for services re | | rty to anyone you | | | | |
| | Yes. Fill in the details. Person Who Was Paid | | Description and value of any property | Date payment | Amount of | | | | |
| | Address Email or website address Person Who Made the Payment, if Not You | | transferred | or transfer was made | payment | | | | |
| | DEBTORCC INC 372 SUMMIT AVE JERSEY CITY, NJ 07306 | , | | 7/17/19 | \$14.95 | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and vatransferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | |
|-----|---|---|-------------------|--|---|------------------------|--|
| | Dale Bohannon Attorney 115 S Dixie Ave Cookeville, TN 38501 dbohannon@dbohannon.net | Attorney Fees | | | 7/17/19 | \$900.00 | |
| 17. | Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors on Do not include any payment or transfer that you list. No | or to make payments | | | transfer any prope | rty to anyone who | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and vatransferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already lis No Yes. Fill in the details. | ness or financial affair as security (such as th | irs? | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | | ny property or received or debts hange | Date transfer was made | | |
| | DANIEL STOCKTON | 2004 CHEVROLET \$1,900 SILVERADO (VALUE \$2,000) | | | JULY 2019 | | |
| 19. | Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect No ☐ Yes. Fill in the details. | | property to a se | lf-settled trus | st or similar device | of which you are a | |
| | Name of trust Description and value of the property transferred | | | | | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Instru | ments, Safe Deposit | Boxes, and Stora | ge Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |

Debtor 1 MICHAEL AUSTIN MACE Debtor 2 ASHLEY SUE MACE

Case number (if known)

| 21. | Do you now have, or did y cash, or other valuables? | ou have within 1 year | before you filed for bankruptcy, a | ny safe deposit box or other deposite | ory for securities, |
|-----|--|-------------------------|---|--|-----------------------|
| | ■ No □ Yes. Fill in the details | | | | |
| | Name of Financial Institut Address (Number, Street, City, | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have you stored property | in a storage unit or pl | ace other than your home within 1 | year before you filed for bankruptcy | ? |
| | ■ No □ Yes. Fill in the details | _ | | | |
| | Name of Storage Facility Address (Number, Street, City, | State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | rt 9: Identify Property Yo | u Hold or Control for | Someone Else | | |
| 23. | | y property that someo | one else owns? Include any proper | rty you borrowed from, are storing fo | r, or hold in trust |
| | for someone. | | | | |
| | ■ No □ Yes. Fill in the details | S. | | | |
| | Owner's Name Address (Number, Street, City, | State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | rt 10: Give Details About E | Environmental Informa | • | | |
| | the purpose of Part 10, the | | | | |
| | toxic substances, wastes, | or material into the a | | ning pollution, contamination, release dwater, or other medium, including s | |
| | - | acility, or property as | defined under any environmental | law, whether you now own, operate, | or utilize it or used |
| | · • | s anything an environ | mental law defines as a hazardous | s waste, hazardous substance, toxic | substance, |
| Rep | oort all notices, releases, an | d proceedings that yo | ou know about, regardless of when | n they occurred. | |
| 24. | Has any governmental uni | t notified you that you | ı may be liable or potentially liable | under or in violation of an environm | ental law? |
| | ■ No □ Yes. Fill in the details | | | | |
| | Name of site Address (Number, Street, City, | State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any gov | ernmental unit of any | release of hazardous material? | | |
| | No Yes. Fill in the details | | | | |
| | Name of site Address (Number, Street, City, | State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 26. | Hav | e you been a party in any judicial or admi | nistrative proceeding under any envi | ironn | nental law? Include settlements a | and orders. | | |
|-----|--|--|---|---|-----------------------------------|--------------------|--|--|
| | | No | | | | | | |
| | Ц | Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or Co | onnections to Any Business | | | | | |
| 27. | With | nin 4 years before you filed for bankruptcy | y, did you own a business or have an | ıy of | the following connections to any | business? | | |
| | | $\hfill \square$ A sole proprietor or self-employed in | a trade, profession, or other activity, | eith | er full-time or part-time | | | |
| | | ☐ A member of a limited liability compa | ny (LLC) or limited liability partnersh | ip (L | LP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | Address | | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or IT | | | | |
| | | , , , , , , , , , , , , , , , , , , , | Name of accountant of bookkeeper | | Dates business existed | | | |
| 28. | | nin 2 years before you filed for bankruptcy itutions, creditors, or other parties. | y, did you give a financial statement t | to an | yone about your business? Inclu | ıde all financial | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | | | | | | | | |

| Debtor 1 | MICHAEL AUSTIN MACE | | | | |
|------------|--|-----------|-----------------------|------------------------------|---------------------------------|
| Debtor 2 | ASHLEY SUE MACE | | | Case number (if known) | |
| | | | | | |
| Part 12: | Sign Below | | | | |
| | d the answers on this Statement of Financial A | | | | |
| | nd correct. I understand that making a false stack kruptcy case can result in fines up to \$250,000 | | • • • | | property by traud in connection |
| | §§ 152, 1341, 1519, and 3571. | u, or imp | risonment for up to | 20 years, or both. | |
| 10 010101 | 55 102, 1011, 1010, and 00111 | | | | |
| /s/ MICH | AEL AUSTIN MACE | /s/ AS | HLEY SUE MACE | ≣ | |
| MICHAE | L AUSTIN MACE | ASHL | EY SUE MACE | | |
| Signature | e of Debtor 1 | Signate | ure of Debtor 2 | | |
| Date Ju | ıly 19, 2019 | Date | July 19, 2019 | | |
| Did you at | tach additional pages to Your Statement of Fi | nancial A | Affairs for Individua | nls Filing for Bankruptcy (C | Official Form 107)? |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Did you pa | ay or agree to pay someone who is not an atto | rney to h | nelp you fill out ban | kruptcy forms? | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this infor | mation to identify your case: | | | | |
|---------------------------------|--|--------------------|--|------------------------|--------------------------------|
| Debtor 1 | MICHAEL AUSTIN MA | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | ASHLEY SUE MACE First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: MID | DDLE DISTRICT | OF TENNESSEE | | |
| Case number | | | | | |
| (if known) | | | | | k if this is an nded filing |
| Official Fo | orm 108 | | | | |
| | | or Indivi | duals Filing Under Cha | pter 7 | 12/15 |
| If you are an ind | lividual filing under chapter 7 | 7. vou must fill (| out this form if | | |
| | e claims secured by your pro | - | | | |
| | sed personal property and th | | | | |
| | ever is earlier, unless the cou | | ou file your bankruptcy petition or by the da time for cause. You must also send copies t | | |
| | eople are filing together in a nd date the form. | joint case, both | are equally responsible for supplying corre | ect information. Both | n debtors must |
| Be as complete | and accurate as possible. If | more space is r | needed, attach a separate sheet to this form. | . On the top of any a | dditional pages, |
| write y | your name and case number | (if known). | • | | |
| Part 1: List Y | our Creditors Who Have Sec | ured Claims | | | |
| 1. For any credi | tors that you listed in Part 1 o | of Schedule D: | Creditors Who Have Claims Secured by Pro | perty (Official Form | 106D), fill in the |
| information b | | | What do you intend to do with the property | | laim the property |
| identity the of | reditor and the property that is | Collateral | secures a debt? | | t on Schedule C? |
| 0 17 1 | | | _ | _ | |
| Creditor's f | FREEDOM MORTGAGE | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No | |
| | , | | Retain the property and redden it. | ■ Yes | |
| | f 228 BLUEBIRD LANE Livingston, TN 38570 (| Overton | Reaffirmation Agreement. | | |
| property securing debt | Carretir | | ☐ Retain the property and [explain]: | | |
| Craditaria I | NISSANI MOTOD ACCEDT | ANCE | По 1 и 1 | | |
| | NISSAN MOTOR ACCEPTA CORP | ANCE | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No | |
| | | | | ■ Yes | |
| Description of | f 2017 NISSAN ALTIMA | | Retain the property and enter into a Reaffirmation Agreement. | | |
| property | | | Retain the property and [explain]: | | |
| securing debt | | | | | |
| | our Unexpired Personal Pro | | Schodulo C. Evernten Contracts and History | vnirod Lagas - (Offic | ial Form 4000\ C'' |
| in the information | on below. Do not list real esta | ate leases. Une | n Schedule G: Executory Contracts and Unexpired leases are leases that are still in effect etrustee does not assume it. 11 U.S.C. § 36 | ct; the lease period h | |
| Doscribo vour | unexpired personal property | leases | | Will the lease I | ho assumoda |

Vill the lease be assumed?

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| | tor 1 tor 2 | | AUSTIN MACE SUE MACE | | Case number (if known) | |
|----------------------------------|--------------------|-------------|---|-----------|-------------------------------------|-------------------------------|
| Less | sor's n | ame: | PROGRESSIVE LEASING | | | □ No |
| | | | | | | Yes |
| | cription perty: | n of leased | BIG LOTS FURNITURE LEASE - ACCOU | NT BALA | ANCE \$420.18 | |
| Less | sor's n | ame: | VERIZON WIRELESS BKCY DEPT | | | □ No |
| | | | | | | ■ Yes |
| | cription perty: | n of leased | CELL PHONE LEASE | | | |
| Part | 3: | Sign Below | | | | |
| | | | ry, I declare that I have indicated my intention to an unexpired lease. | about any | y property of my estate that se | cures a debt and any personal |
| X /s/ MICHAEL A | | | | 71 | ASHLEY SUE MACE | |
| MICHAEL AUS Signature of Debi | | | | | HLEY SUE MACE nature of Debtor 2 | |
| | Date | luly 10 | 2010 | Data | July 10, 2010 | |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Desc Main

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Best Case Bankruptcy

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Desc Main

United States Bankruptcy CourtMiddle District of Tennessee

| In | MICHAEL AUSTIN MACE | | Case No. | | | |
|------|---|--------------------------------------|-----------------------|-----------------------------------|--|--|
| In | re ASHLEY SUE MACE | Debtor(s) | Case No. Chapter | 7 | | |
| | DISCLOSUDE OF COMPEN | NSATION OF ATTO | DNEV EAD DI | ERTOD(C) | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | KNET FUK DI | EDIOK(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 900.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 900.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the narrows. | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of credited. [Other provisions as needed] | ement of affairs and plan which | n may be required; | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any oth | | g service: | | | |
| | | CERTIFICATION | | | | |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding. | y agreement or arrangement fo | r payment to me for r | epresentation of the debtor(s) in | | |
| | July 19, 2019 | /s/ Dale Bohanno | on | | | |
| - | Date | Dale Bohannon | | | | |
| | | Signature of Attorn Dale Bohannon | | | | |
| | | 115 S Dixie Ave | Attorney | | | |
| | | Cookeville, TN 3 | 8501 | | | |
| | | 931-526-7868 Fa | | | | |
| | | dbohannon@dbo | ohannon.net | | | |
| | | Name of law firm | | | | |

MICHAEL AUSTIN MACE 228 BLUEBIRD LANE LIVINGSTON TN 38570

ASHLEY SUE MACE 228 BLUEBIRD LANE LIVINGSTON TN 38570

DALE BOHANNON
DALE BOHANNON ATTORNEY
115 S DIXIE AVE
COOKEVILLE, TN 38501

BYRDSTOWN MED CTR 8401 HIGHWAY 111 BYRDSTOWN TN 38549

CAPITAL ONE PO BOX 30285 SALT LAKE CITY UT 84130-0287

CASE# 2019-CV-174
OVERTON CO GEN SESS CT
1000 JOHN T POINDEXTER DR
LIVINGSTON TN 38570

CHASE PO BOX 36520 LOUISVILLE KY 40233-6520

COMENITY BANK
BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS OH 43218-2125

CREDIT ONE BANK PO BOX 98873 LAS VEGAS NV 89193-8873

DIRECTV LLC ATTN BANKRUPTCIES PO BOX 6550 GREENWOOD VILLAGE CO 80155-6550

ERC 8014 BAYBERRY RD JACKSONVILLE FL 32256

FREEDOM MORTGAGE
PO BOX 50485
INDIANAPOLIS IN 46250-0485

IC SYSTEMS INC PO BOX 64378 SAINT PAUL MN 55164 LIVINGSTON CLINIC PO BOX 973 LIVINGSTON TN 38570

LIVINGSTON REGIONAL HOSPITAL PO BOX 550 LIVINGSTON TN 38570

MIDLAND FUNDING LLC (REPLACE)
MIDLAND FUNDING LLC
PO BOX 772719
MEMPHIS TN 38177-2719

NATERA PO BOX 8427 PASADENA CA 91109-8427

NISSAN MOTOR ACCEPTANCE CORP PO BOX 660360 DALLAS TX 75266-0360

ONE MAIN FINANCIAL PO BOX 64 EVANSVILLE IN 47701

PROGRESSIVE LEASING 256 WEST DATA DR DRAPER UT 84020

PUZZLE CLUB PO BOX 6381 HARLAN IA 51593-1881

RE: CAPITAL ONE
PORTFOLIO RECOVERY ASSOC
PO BOX 12914
NORFOLK VA 23541

RE: CHASE MRS ASSOC 814 OLNEY AVE CHERRY HILL NJ 08003

RE: COMENITY BANK
NATIONAL ENTERPRISE SYSTEM
2479 EDISON BLVD UNIT A
TWINSBURG OH 44087-2345

RE: COMENITY CAPITAL BANK LVNV FUNDING LLC PO BOX 10497 GREENVILLE SC 29603 RE: CREDIT ONE BANK & COMENITY BANK TRUEACCORD 303 2ND ST STE 750 SOUTH SAN FRANCISCO CA 94107

RE: JPM CHASE BANK CARD NATIONWIDE CREDIT INC PO BOX 14581 DES MOINES IA 50306

RE: MIDLAND FUNDING LLC GLOSS ESQ, KIMBERLY P PO BOX 772719 MEMPHIS TN 38177-2719

RE: SYNCHRONY BANK LVNV FUNDING LLC PO BOX 10497 GREENVILLE SC 29603

RE: SYNCHRONY BANK
MIDLAND FUNDING LLC
350 CAMINO DE LA REINA STE 100
SAN DIEGO CA 92108

RE: SYNCHRONY BANK
DIVERSE FUNDING ASSOC LLC
2351 NORTH FOREST RD STE 110
GETZVILLE NY 14068

SYNCHRONY MRS ASSOC 814 OLNEY AVE CHERRY HILL NJ 08003

SYNCHRONY BANK ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO FL 32896

THOMAS MAULDING 1040 RUSHING SPRINGS LN MONTEREY TN 38574

VERIZON WIRELESS BKCY DEPT BANKRUPTCY ADMINISTRATION 500 TECHNOLOGY DR STE 550 WELDON SPRING MO 63304

WEBBANK/FINGERHUT 6250 RIDGEWOOD RD ST CLOUD MN 56303